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PTO/SB/22 (12-97)

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|--|-----------------------------------|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)                     |                                   | Docket Number (Optional)<br><b>B-26</b> |
| In re Application of <b>Ranta, John F. et al.</b>                        |                                   |   |
| Application Number<br><b>09/970,071</b>                                  | Filed<br><b>October 3, 2001</b>   |   |
| For<br><b>Methods and apparatus for simulating dental procedures ...</b> |                                   |   |
| Group Art Unit<br><b>3713</b>  | Examiner<br><b>Cameron Saadat</b> |   |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1)) \$ \_\_\_\_\_

☐ Two months (37 CFR 1.17(a)(2)) \$ \_\_\_\_\_

☒ Three months (37 CFR 1.17(a)(3)) \$ **1020**

☐ Four months (37 CFR 1.17(a)(4)) \$ \_\_\_\_\_

☐ Five months (37 CFR 1.17(a)(5)) \$ \_\_\_\_\_

☒ Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ **510**.

A small entity statement under 37 CFR 1.27:

☐ is enclosed.

☐ has already been filed in this application.

☒ A *Credit Card* in the amount of the fee is enclosed.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \_\_\_\_\_. I have enclosed a duplicate copy of this sheet.

I am the ☐ assignee of record of the entire interest.

☐ applicant.

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

*Jan 8, 2005*  
Date

*Charles G. Call*  
Signature

**Charles G. Call, Reg. No. 20,406**  
Typed or printed name

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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